

**2024-25 New Lebanon CSD Health and Dental Rates**

**ADMIN PPO 815**

	Monthly Cost	Annual Cost	85% District Annual Cost	15.00% Emp Annual Cost		check	diff from last year	increase
<b>Individual</b>	\$917.10	\$11,005.20	\$9,354.42	\$1,650.78	\$11,005.20	\$0.00	\$765.72	7.48%
<b>2 Person</b>	\$2,370.04	\$28,440.48	\$24,174.41	\$4,266.07	\$28,440.48	\$0.00	\$2,032.68	7.70%
<b>Family</b>	\$2,505.29	\$30,063.48	\$25,553.96	\$4,509.52	\$30,063.48	\$0.00	\$2,164.08	7.76%
<b>Dental</b>								
<b>Individual</b>	\$55.19	\$662.28	\$562.94	\$99.34	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,325.59	\$233.93	\$1,559.52	\$0.00	\$0.00	

**NLTA PPO 815**

	Monthly Cost	Annual Cost	85% District Annual Cost	15.00% Emp Annual Cost				
<b>PRE 2004</b>								
<b>Individual</b>	\$912.84	\$10,954.08	\$9,310.97	\$1,643.11	\$10,954.08	\$0.00	\$714.60	6.98%
<b>2 Person</b>	\$2,359.94	\$28,319.28	\$24,071.39	\$4,247.89	\$28,319.28	\$0.00	\$1,911.48	7.24%
<b>Family</b>	\$2,494.90	\$29,938.80	\$25,447.98	\$4,490.82	\$29,938.80	\$0.00	\$2,039.40	7.31%
<b>POST 2004</b>								
<b>Individual</b>	\$894.02	\$10,728.24	\$9,119.00	\$1,609.24	\$10,728.24	\$0.00	\$714.60	7.14%
<b>2 Person</b>	\$2,315.25	\$27,783.00	\$23,615.55	\$4,167.45	\$27,783.00	\$0.00	\$1,911.48	7.39%
<b>Family</b>	\$2,449.01	\$29,388.12	\$24,979.90	\$4,408.22	\$29,388.12	\$0.00	\$2,039.40	7.46%
<b>Dental</b>					\$0.00	\$0.00		
<b>Individual</b>	\$55.19	\$662.28	\$562.94	\$99.34	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,325.59	\$233.93	\$1,559.52	\$0.00	\$0.00	

**CSEA**

**PPO 813**

	Monthly Cost	Annual Cost	87.5% District Annual Cost	12.5% Emp Annual Cost				
<b>Individual</b>	\$974.71	\$11,696.52	\$10,234.46	\$1,462.07	\$11,696.52	\$0.00	\$776.28	7.11%
<b>2 Person</b>	\$2,524.17	\$30,290.04	\$26,503.79	\$3,786.26	\$30,290.04	\$0.00	\$2,076.60	7.36%
<b>Family</b>	\$2,669.67	\$32,036.04	\$28,031.54	\$4,004.51	\$32,036.04	\$0.00	\$2,215.44	7.43%

**PPO 815**

	Monthly Cost	Annual Cost	87.5% District Annual Cost	12.5% Emp Annual Cost				
<b>Individual</b>	\$917.10	\$11,005.20	\$9,629.55	\$1,375.65	\$11,005.20	\$0.00	\$714.60	6.94%
<b>2 Person</b>	\$2,370.04	\$28,440.48	\$24,885.42	\$3,555.06	\$28,440.48	\$0.00	\$1,911.48	7.21%
<b>Family</b>	\$2,505.29	\$30,063.48	\$26,305.55	\$3,757.94	\$30,063.48	\$0.00	\$2,039.40	7.28%
<b>Dental</b>								
<b>Individual</b>	\$55.19	\$662.28	\$579.50	\$82.79	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,364.58	\$194.94	\$1,559.52	\$0.00	\$0.00	